

Free and Reduced Price Meal and Free Milk Application Prototype Information

New Programs

- **New programs must** print the “Application” prototype that will be used for the program, personalize it with appropriate district/school information, and submit a copy to MDE for approval.

Renewing Programs

- **Renewing** programs that make changes to the “Application” prototypes or use a different application format (i.e. scanable) **must** submit a copy to MDE for approval every year.

All Programs

- If a district/school chooses to use the “Application for Free and Reduced Price School Meals” (SM-4458-A) each child in the household must have a completed application on file.
- If the “Family Application for Free and Reduced Price Meals” (SM-4485-C) is used by a school/district then only one per household needs to be completed and on file. Refer to the “Using Family Application for Free and Reduced Meals.”
- Do not use both the “Application for Free and Reduced Price School Meals” and the “Family Application for Free and Reduced Price School Meals.” Choose and use only one application prototype for your district/school.
- Applications for Free and Reduced Price Meals cannot be completed before July 1 of the upcoming school year. Annually, Income Eligibility Guidelines are effective from July 1 to June 30.
- Prior school year applications may be used for the first 30 operating days of the current school year or until September 30, whichever comes first. The use of current school year applications must begin by October 1 of the school year. Any prior school year applications used beyond this time will violate federal regulations and result in fiscal sanctions.
- The Special Milk Program and Application for Free Milk materials can only be utilized for students who do not have access to the National School Breakfast or Lunch Program (i.e. ½ day afternoon kindergarten). School food authorities may **not** claim the Special Milk Program for students who purchase/receive only milk when the Breakfast or Lunch Program is available.

Application Approval Process

- Refer to the “Eligibility Guidance for School Meals Manual” when approving Free and Reduced price school meals. It can be found at: http://www.fns.usda.gov/cnd/Guidance/eligibility_guidance.pdf
- Electronic Benefit Transfer (EBT) Bridge Cards are now used throughout the State of Michigan to replace food stamp coupons. The EBT Bridge Card Number is a 16-digit numerical number, for example: 1234 2345 3456 4567, while the Food Stamp Case Number is an alpha/numerical number beginning with and ending with an alphabet, for example: V9999999A. **The United States Department of Agriculture (USDA) has determined that the number on a household’s EBT Bridge Card can NOT be accepted as a Food Stamp Case Number on applications for meal benefits.** As you receive and review applications for meal benefits, be sure that households providing a Food Stamp Case Number in PART 1 of the application are providing a Food Stamp Case Number and not an EBT Bridge Card Number. Please refer to Food Service Administrative Policy #4, SY 2000-2001: Use of Electronic Benefit Transfer Card Numbers on Applications for Meal Benefits.

- Monthly Income Conversion: weekly x 4.33, every 2 weeks x 2.15, twice a month x 2
- Every month sponsors should print and retain a roster of students eligible for free and reduced price meals. This record serves as a basis for the claim for reimbursement and for audit and review purposes. It must be kept three years after the date of the final claim for reimbursement for the fiscal year to which they pertain or as long as there are unresolved audit findings related to those records.
- Each child must have their Food Stamp, FIP, or FDPIR number listed. (Do not assume all children in the same family share the same number.)

Sharing Information with Other Programs

- School food authorities may disclose, without parent/guardian consent, participants' names and eligibility status (whether they are eligible for free meals or free milk or reduced price meals) to persons directly connected with the administration or enforcement of *Federal education or State education programs* such as Title I, MEAP, and NCLB.
- The "Letter to Parents" (Shared Information) and attachment "Sharing Information with Other Programs" *must* be used when a School/District plans to use information on free and reduced applications for purposes other than evaluating eligibility for school meals or for programs authorized by the National School Lunch Act (42 USC 1758 (b)(2)(C)(iii)). A signature from the parent or legal guardian must be on file before the school/district can release any information. Please refer to Food Service Administrative Policy #4, SY 98-99: Parental Consent to Release Information for Free and Reduced Price Meal Eligibility.

FDPIR-Food Distribution Program on Indian Reservations

- As stated in Eligibility Guidance for School Meals Manual (August, 2001), Part 6- Categorical Eligibility, a child from a household currently certified to receive benefits through the Food Distribution Program on Indian Reservations (FDPIR) is categorically eligible for free benefits in the National School Lunch Program.
- When a household submits a complete application that contains: (1) the name of the child, (2) a current FDPIR case number or identifier (with Program affiliation, i.e. "Sault Ste. Marie Commodity Program"), and (3) an adult signature, the determining official must approve the child for free meals or free milk, as applicable.
- For further information please refer to: <http://www.fns.usda.gov/fdd/programs/fdpir/>

APPLICATION FOR FREE AND REDUCED PRICE SCHOOL MEALS

<i>For Help Call:</i>	Name of Student	School	Grade

Part 1- Food Stamp Number _____	FIP/FDPIR Case Number _____
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Bridge card numbers can not be accepted.

If receiving Medicaid only, you must complete Part 3.

Sign at Part 4

Part 2- Foster Child?	<input type="checkbox"/>	Yes	Child's spending money per month \$ _____
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***Foster children are considered to be a household of one.*

Do not leave blank. If none available, list \$0.

Sign at Part 4

Part 3- Income		List all income and how often it is received				Check if NO income
Name (List everyone in household and their income)	Grade	<i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				
		Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Other	
<i>Emily Smith (example)</i>		<u>\$ 200</u> / <u>weekly</u>	<u>\$ 150</u> / <u>weekly</u>	<u>\$ 100</u> / <u>monthly</u>	<u>\$</u> / <u>_____</u>	<input type="checkbox"/>
		\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
		\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
		\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
		\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
		\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
		\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
		\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>

Sign at Part 4

Part 4 - Signature and Social Security Number (Adult must sign)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my child may lose meal benefits, and I may be prosecuted.

***SIGN HERE: X** _____ **DATE:** _____

(Signature of Adult Household Member)

***Adult Social Security Number:** _____ ☐ I do not have a Social Security Number

Address	County	Home Phone
City	Zip Code	Work Phone

**Please read "Privacy Act Information: Social Security Number" on back of form*

FOR SCHOOL USE ONLY

<i>Monthly Income Conversion: Weekly x 4.33, Every 2 Weeks x 2.15, Twice a Month x 2</i>			
Total Household Size: _____	Total Income: \$ _____	Weekly _____	Monthly _____ Annual _____
Eligibility: _____ Reduced _____ Free _____ Denied _____	Food Stamp Eligible _____	FIP/FDPIR Eligible _____	
_____ Temporary Free Time Period: _____			
Reason for Denial: _____ Income too High _____ Incomplete Application _____ Other (specify) _____			
Date Notice Sent _____		Determining Official's Signature _____	

Part 5- Foster Children

In most cases foster children are eligible for free meals regardless of your household income.

Foster Home License Number: _____ (optional)

____ A. The welfare agency or court is legally responsible for the child and the foster home is, in fact, and extension of the welfare agency or court.

____ B. The child is a resident of a licensed "Group Foster" home or a residential institution.

____ C. Other (describe) _____

***Only the foster child's spending money is counted as income on this application. Do not include money from occasional or part-time jobs like paper routes and babysitting. If you have any questions, please contact the school.*

Part 6- Child's Racial/Ethnic Identity (Optional)

Check one or more racial identities:

____ American Indian or Alaskan Native

____ Asian

____ Black or African American

____ White

____ Native Hawaiian or Other Pacific Islander

____ Other

Check one ethnic identity:

____ Hispanic or Latino

____ Neither Hispanic nor Latino

Privacy Act Information: Social Security Number

Section 9 of the National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. The Social Security Number of the adult household member who signs the application is required unless you list a Food Stamp or FIP/FDPIR case number for your child, OR if you are applying for a foster child. You must check the "I do not have a Social Security Number" box if the adult household member signing the application does not have a Social Security Number. We will use your information to see if your child is eligible for free or reduced price meals, to run the program, and enforce the rules of the program. These facts must be told to the household member whose Social Security Number is given. Any other use of the Social Security Number must be specified here.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410 or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Verification- FOR SCHOOL USE ONLY

Date Selected for Verification: _____		SAMPLE SELECTION: _____ 100%	
Response Due from Household: _____		____ Random ____ Focused ____ Other _____	
Second Notice Sent: _____			
FOOD STAMP ELIGIBILITY: ____ Not Confirmed Confirmed: ____ Food Stamp Office ____ Notice of Eligibility ____ ATP Card issued monthly	INCOME: \$ _____ ____ Monthly ____ Yearly ____ Wage Stubs ____ Written Documents ____ Collateral Contact ____ Agency Records. ____ Other _____	VERIFICATION RESULT: ____ Free to Reduced ____ Free to Paid ____ Reduced to Free ____ Reduced to Paid ____ No Change	
DATE ADVERSE NOTICE SENT: _____ Signature of Verifying Official: _____ Date: _____		REASON FOR ELIGIBILITY CHANGE: ____ Income ____ Household Size ____ Refused to Cooperate ____ Other _____	

Dear Parent or Guardian:

The _____ School serves meals every school day. Students may buy lunch for \$ _____ and breakfast for \$ _____. If a doctor has determined that your child has a disability, and the disability would prevent the child from eating the regular school meal, the school will make any substitutions prescribed by a doctor at no extra charge. For further information, please call _____. The doctor's statement, including prescribed diet and/or substitutions, must be submitted to the food service department at your school.

Students may be able to get meals free. If you now get food stamps, Family Independence Program (FIP), or Food Distribution Program on Indian Reservation (FDPIR) benefits for your child, that child may receive free meals. If your total household income is the same or less than the amounts on the Income Chart (on the back of this letter), please apply for reduced price or free meals. A foster child may get free or reduced price meals even if your income is higher than that on the chart. We sell reduced price lunches for \$ _____ and breakfasts for \$ _____.

FOR YOUR CHILD TO RECEIVE FREE OR REDUCED PRICE MEALS, YOU MUST COMPLETE THE ATTACHED APPLICATION AND RETURN IT TO THE SCHOOL. WE CANNOT APPROVE AN APPLICATION THAT IS NOT COMPLETE. Instructions and Income Chart are on the back of this letter.

HOW TO APPLY

FOOD STAMP/FIP/FDPIR HOUSEHOLDS: Write the child's name, the Food Stamp or FIP/FDPIR case number for that child, and the signature of an adult household member on the application.

FOSTER CHILD: Write the foster child's name, his/her personal income, and the signature of an adult on the application.

ALL OTHER HOUSEHOLDS: The application must have the child's name and the names of all household members. List the amount of income each person received last month with the source of each person's income (example: pay, Social Security, etc.). The signature and the Social Security number of the person completing the application must be included (or check the box "I do not have a Social Security Number" if that adult does not have a Social Security number).

OTHER INFORMATION

PROOF OF INCOME: The school may request verification of your household income or of Food Stamp/FIP/FDPIR information at any time during the school year.

INCOME CHANGES: Inform the school if your household income increases by more than \$50 per month (\$600 per year) or if the number of people in your household changes. If your child stops receiving Food Stamps or FIP/FDPIR, you must fill out another application with income information.

PRIVATE INFORMATION: School officials will NOT use the information on this application for ANY purpose other than deciding if your child should get free or reduced price meals, Title I benefits, and/or other benefits as authorized by the United State Department of Agriculture.

FAIR HEARING: If you do not agree with the school's decision on your application or with the results of your proof of income (verification), you have the right to a fair hearing. To schedule a hearing, call or write:

(Name, Address and Telephone Number of the Hearing Official)

REAPPLY: You may apply for meal benefits at any time during the school year. If you lose your job, if your income decreases, if your family size increases, if you begin Food Stamps or FIP/FDPIR, fill out an application at that time.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, age, or disability. Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotope, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Bldg., 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

You will be informed of application approval or denial.

Sincerely,

See reverse for Income Chart.

INCOME CHART

Scale for Reduced Price Meals

Total Family Size		Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1		\$17,224	\$1,436	\$718	\$663	\$332
2		\$23,107	\$1,926	\$963	\$889	\$445
3		\$28,990	\$2,416	\$1,208	\$1,115	\$558
4		\$34,873	\$2,907	\$1,454	\$1,342	\$671
5		\$40,756	\$3,397	\$1,699	\$1,568	\$784
6		\$46,639	\$3,887	\$1,944	\$1,794	\$897
7		\$52,522	\$4,377	\$2,189	\$2,021	\$1,011
8		\$58,405	\$4,868	\$2,434	\$2,247	\$1,124
For each additional household member add:		5883	491*	246*	227*	114*

APPLICATION INSTRUCTIONS

FOOD STAMP/FIP/FDPIR

Write name, school and grade for child.

GO TO PART 1.

Write Food Stamp or FIP/FDPIR Case Number in the spaces provided. Please note "Bridge Card" numbers cannot be accepted as food stamp case numbers.

Do NOT fill out Part 2 or Part 3.

GO TO PART 4.

Sign at "X".

School needs your address and phone number.

Return completed form to school.

PREAPPROVED FOOD STAMP ELIGIBILITY

No application is needed. If the school has informed you that your child is eligible for free meals because you receive Food Stamps, you do not need to complete this form.

If you DO NOT want meal benefits for your child, let the school know.

FOSTER CHILD

Write name, school and grade for child.

GO TO PART 2.

Check "Yes" and list foster child's spending money for the month. Spending money is money received by the child for his/her personal use. If a child has no spending money, write -0-.

GO TO PART 4.

Sign at "X".

School needs your address and telephone number.

GO TO PART 5.

List the license number given to the foster home by the Family Independence Agency. (Optional)

Indicate type of foster home.

Return completed form to school.

ALL OTHER

Write name, school and grade for child.

GO TO PART 3.

List names of everyone in your household. Include yourself, your spouse, all of the children now living in this household, grandparents, other relatives, and unrelated adults now living in this household. Use a separate sheet of paper if you need more room. Include child listed at the top of the application.

List all income and how often it is received for each person on the same line as his/her name.

Income is all money received *before* deductions.

Income must be listed in the correct column---Earnings, Welfare/Child Support/Alimony, Pension/Retirement/Social Security, or Other.

GO TO PART 4.

An adult household must SIGN AT "X". Write the social security number of the signer on the line under the signature. Check the "I do not have a Social Security Number" box if the adult household member signing the application does not have a social security number.

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Dear Parent or Guardian:

The _____ School serves meals every school day. Students may buy lunch for \$ _____ and breakfast for \$ _____. If a doctor has determined that your child has a disability, and the disability would prevent the child from eating the regular school meal, the school will make any substitutions prescribed by a doctor at no extra charge. For further information, please call _____. The doctor's statement, including diet and/or substitutions, must be submitted to the food service department at your school.

Students may be able to get meals free or at a reduced price. If you now get food stamps, Family Independence Program (FIP), or Food Distribution Program on Indian Reservation (FDPIR) benefits for your child, that child may receive free meals. If your total household income is the same or less than the amounts on the Income Chart (on the back of this letter), please apply for reduced price or free meals. A foster child may get free or reduced price meals even if your income is higher than that on the chart. We sell reduced price lunches for \$ _____ and breakfasts for \$ _____.

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PROOF OF INCOME: The school may request verification of your household income or of Food Stamp/FIP/FDPIR information at any time during the school year.

INCOME CHANGES: Inform the school if your household income increases by more than \$50 per month (\$600 per year) or if the number of people in your household changes. If your child stops receiving Food Stamps or FIP/FDPIR, you must fill out another application with income information.

SHARED INFORMATION: School officials must have your permission to share information given on your free and reduced price meal application for any programs not authorized by the National School Lunch Act (42 USC 1758(b)(2)(C)(iii)). Please complete and return the attached "Sharing Information with Other Programs" form. Completing this form will not change whether your children get free or reduced price meals.

FAIR HEARING: If you do not agree with the school's decision on your application or with the results of your proof of income (verification), you have the right to a fair hearing. To schedule a hearing, call or write:

(Name, Address and Telephone Number of the Hearing Official)

REAPPLY: You may apply for meal benefits at any time during the school year. If you lose your job, if your income decreases, if your family size increases, if you begin Food Stamps or FIP/FDPIR, fill out an application at that time.

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INCOME CHART

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5		\$40,756	\$3,397	\$1,699	\$1,568	\$784
6		\$46,639	\$3,887	\$1,944	\$1,794	\$897
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For each additional household member add:		5883	491*	246*	227*	114*

APPLICATION INSTRUCTIONS

FOOD STAMP/FIP/FDPIR

Write name, school and grade for child.

GO TO PART 1.

Write Food Stamp or FIP/FDPIR Case Number in the spaces provided. Please note "Bridge Card" numbers cannot be accepted as food stamp case numbers.

Do NOT fill out Part 2 or Part 3.

GO TO PART 4.

Sign at "X".

School needs your address and phone number.

Return completed form to school.

PREAPPROVED FOOD STAMP ELIGIBILITY

No application is needed. If the school has informed you that your child is eligible for free meals because you receive Food Stamps, you do not need to complete this form.

If you DO NOT want meal benefits for your child, let the school know.

FOSTER CHILD

Write name, school and grade for child.

GO TO PART 2.

Check "Yes" and list foster child's spending money for the month. Spending money is money received by the child for his/her personal use. If a child has no spending money, write -0-.

GO TO PART 4.

Sign at "X".

School needs your address and telephone number.

GO TO PART 5.

List the license number given to the foster home by the Family Independence Agency. (Optional)

Indicate type of foster home.

Return completed form to school.

ALL OTHER

Write name, school and grade for child.

GO TO PART 3.

List names of everyone in your household. Include yourself, your spouse, all of the children now living in this household, grandparents, other relatives, and unrelated adults now living in this household. Use a separate sheet of paper if you need more room. Include child listed at the top of the application.

List all income and how often it is received for each person on the same line as his/her name.

Income is all money received *before* deductions.

Income must be listed in the correct column---Earnings, Welfare/Child Support/Alimony, Pension/Retirement/Social Security, or Other.

GO TO PART 4.

An adult household must SIGN AT "X". Write the social security number of the signer on the line under the signature. Check the "I do not have a Social Security Number" box if the adult household member signing the application does not have a social security number.

School needs your address and telephone number.

Return completed form to school.

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. **For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.**

☐ Yes! **I DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.

☐ Yes! **I DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.

☐ Yes! **I DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.

If you check yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.

☐ No! **I DO NOT** want information from my Free and Reduced Price School Meals Application shared with any of these programs.

If you checked no, stop here. You do not have to complete or send in this form. Your information will not be shared.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **[name]** at **[phone]**.
Return this form to: [address] by [date].

Dear Parent or Guardian:

Your application for free and reduced price meals or free milk has been evaluated.

_____ (Name of Child)	_____ (Grade)	_____ (School)
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APPROVED

- | | |
|--|--|
| <input type="checkbox"/> Free Lunches | <input type="checkbox"/> Free Afterschool Snack |
| <input type="checkbox"/> Free Breakfast | |
| <input type="checkbox"/> Reduced price lunches. Your cost: _____ cents per meal. | <input type="checkbox"/> Reduced Price Snack. Your cost: _____ |
| <input type="checkbox"/> Reduced price breakfast. Your cost: _____ cents per meal. | |
| <input type="checkbox"/> Free Milk | |

Your child may receive meals or milk by going to _____ (Room and Person's Name).

DISAPPROVED

- ☐ Total household income exceeds published income scales.

INCOMPLETE

- ☐ Income by source is not listed. Please send corrected copy.
- ☐ Names of all household members are missing or not listed. Please send corrected copy.
- ☐ Signature of primary wage earner or adult is missing. Please send corrected copy.
- ☐ Social security number of adult who signed the application is missing.
- ☐ Other (specify): _____

You may apply at any time during the school year, but if, during the school year, there are decreases in your family size or income, or increases in income which exceed \$50 per month or \$600 per year, you must report such changes so that appropriate adjustments may be made if necessary. If your child is approved for meal or milk benefits based on eligibility for food stamps, FIP, or FDPIR you must inform the school when you no longer receive food stamps, FIP, or FDPIR for your child.

If you wish to review the decision further, you have a right to a fair hearing. This may be done by calling or writing the following official:

NAME: _____

TITLE: _____

ADDRESS: _____

TELEPHONE: _____

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To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Bldg., 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Sincerely,

SAMPLE PUBLIC RELEASE FOR FREE AND REDUCED PRICE MEALS

INSTRUCTIONS: Delete references to any programs in which SFA does not participate. If the release covers more than one SFA, provide a list of the SFAs, the programs in which they participate, titles of determining officials, and the names, addresses, and telephone numbers of the hearing officials.

This is the public release that we will send to _____ (News Media & Major Employers Contemplating Layoffs) ON _____. (DATE) _____ (Local School Food Authority) today announced its policy for free and reduced price meals for children unable to pay the full price of meals served under the National School Lunch and School Breakfast Program. The following household size and income criteria will be used for determining eligibility:

Scale for Free Meals or Free Milk

Scale for Reduced Price Meals

Total Family Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly		Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$12,103	\$1,009	\$505	\$466	\$233		\$17,224	\$1,436	\$718	\$663	\$332
2	\$16,237	\$1,354	\$677	\$625	\$313		\$23,107	\$1,926	\$963	\$889	\$445
3	\$20,371	\$1,698	\$849	\$784	\$392		\$28,990	\$2,416	\$1,208	\$1,115	\$558
4	\$24,505	\$2,043	\$1,022	\$943	\$472		\$34,873	\$2,907	\$1,454	\$1,342	\$671
5	\$28,639	\$2,387	\$1,194	\$1,102	\$551		\$40,756	\$3,397	\$1,699	\$1,568	\$784
6	\$32,773	\$2,732	\$1,366	\$1,261	\$631		\$46,639	\$3,887	\$1,944	\$1,794	\$897
7	\$36,907	\$3,076	\$1,538	\$1,420	\$710		\$52,522	\$4,377	\$2,189	\$2,021	\$1,011
8	\$41,041	\$3,421	\$1,711	\$1,579	\$790		\$58,405	\$4,868	\$2,434	\$2,247	\$1,124
	4134*	345*	173*	159*	80*		5883*	491*	246*	227*	114*

*For each additional household member add:

Children from households whose income is at or below the levels shown are eligible for free and reduced price meals.

Application forms are being sent to all homes with a letter to parents or guardians. To apply for free or reduced price meals, households should fill out the form and return it to the school. Additional copies of the application form are available at the principal's office in each school. Households should answer all questions on the form.

NON FOOD STAMP HOUSEHOLDS: An application which does not contain all of the following information cannot be processed by the school: (1) the total income by source for each household member (such as wages, child support, etc.); (2) names of all household members; (3) social security number of the adult household member who signs the application; and (4) the signature of an household member.

FOOD STAMP/FIP/FDPIR HOUSEHOLDS: If you currently receive Food Stamps, Family Independence Program (FIP), or Food Distribution Program on Indian Reservation (FDPIR) benefits for your child, you only have to list your child's name and Food Stamp or FIP/FDPIR case number and sign the application.

The information provided by the household is confidential and will be used only for the purpose of determining eligibility, verifying data, or qualifying children for other federal and state programs, as authorized by the United States Department of Agriculture. The school or other officials may verify applications at any time during the school year.

If children are approved for free or reduced price meal benefits, the household must report to the school increases in household income over \$50 per month (\$600 per year) and decreases in household size.

Households may apply for benefits at any time during the school year. If a household is not currently eligible but has a decrease in household income, an increase in household size or if a household member becomes unemployed, the household should fill out an application at that time.

In most cases, FOSTER CHILDREN are eligible for these benefits regardless of the household's income. If a household has foster children living with them and they wish to apply for free or reduced price meals for them, the household should contact the school for more information. Under the provisions of the policy _____ (Name, Address & Telephone Number of Hearing Official) will review applications and determine eligibility.

Parents or guardians dissatisfied with the ruling of the official may wish to discuss the decision with the determining official on an informal basis. The household also has the right to a fair hearing. This can be done by calling or writing the following official:

_____ (Name, Address and Telephone Number of Hearing Official)

Each school and the _____ (Central Office) have a complete policy, which may be reviewed by any interested party.

REAPPLY: You may apply for meal benefits at any time during the school year. If you lose your job, if your income decreases, if your family size increases, if you begin Food Stamps or FIP/FDPIR, fill out an application at that time.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, age, or disability. Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Bldg., 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

You will be informed of application approval or denial.

Eligibility Guidelines for Use in Schools

Family income criteria to be used for the 2004-2005 school year for School Lunch, School Breakfast or Special Milk Programs.

A. Scale for Free Meals or Free Milk

B. Scale for Reduced Price Meals

Total Family Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly		Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$12,103	\$1,009	\$505	\$466	\$233		\$17,224	\$1,436	\$718	\$663	\$332
2	\$16,237	\$1,354	\$677	\$625	\$313		\$23,107	\$1,926	\$963	\$889	\$445
3	\$20,371	\$1,698	\$849	\$784	\$392		\$28,990	\$2,416	\$1,208	\$1,115	\$558
4	\$24,505	\$2,043	\$1,022	\$943	\$472		\$34,873	\$2,907	\$1,454	\$1,342	\$671
5	\$28,639	\$2,387	\$1,194	\$1,102	\$551		\$40,756	\$3,397	\$1,699	\$1,568	\$784
6	\$32,773	\$2,732	\$1,366	\$1,261	\$631		\$46,639	\$3,887	\$1,944	\$1,794	\$897
7	\$36,907	\$3,076	\$1,538	\$1,420	\$710		\$52,522	\$4,377	\$2,189	\$2,021	\$1,011
8	\$41,041	\$3,421	\$1,711	\$1,579	\$790		\$58,405	\$4,868	\$2,434	\$2,247	\$1,124
	4134*	345*	173*	159*	80*		5883*	491*	246*	227*	114*

*For each additional household member add:

All children from families at or below the income levels in Column A are eligible to receive meals, after school snack or milk at no cost**, if available (Special Milk Program). Column A is used for the School Lunch and Breakfast, or Special Milk Program.

In addition, Federal P.L. 94-105 makes mandatory the service of reduced price meals to those children from families within the range of incomes in Column B. These children must be provided with lunches at a price not exceeding 40 cents. If the Breakfast Program or an after school snack program is available, all children qualifying for free and reduced price lunches will also qualify for free and reduced price breakfasts and/or snack. The charge for a reduced price breakfast may not exceed 30 cents; the charge for reduced price snack may not exceed 15 cents.

Column B must therefore be used in providing reduced price meals.

**Service of free milk is optional.

INCOME TO REPORT

Earnings from Work

Wages/salaries/tips
Strike benefits
Unemployment compensation
Worker's compensation
Net income from self-owned
Business, day care business
Or farm

Welfare/Child Support/Alimony

Public assistance payments
Welfare payments
Alimony/child support payments

Pensions/Retirement/

Social Security
Pensions
Supplemental Security Income
Retirement income
Veteran's income
Social security

Other Monthly Income/Self-Employment

Disability benefits
Cash withdrawn from savings
Interest/dividends
Income from estate/trusts/investments
Regular contributions from persons not
living in the household
Net royalties/annuities/net rental income
Military allowance for off-base housing
Any other income